

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813 or P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: (808) 587-0460 FAX: (808) 587-0470 email: ethics@hawaiiethics.org

Web site: www.hawaii.gov/ethics

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LOBBYIST REGISTRATION FORM STATE OF HAWAII STATE ETHICS COMMISSION

(Type or Print Clearly) PART I **LOBBYIST** NAME (Last) (First) (Middle) **TELEPHONE** Т TOGUCHI **CHARLES** 808-221-0327 MAILING ADDRESS (Street) FAX 47-640 HUI ULILI STREET **EMAIL** CTTOGUCHI@AOL.COM (City) (Zip Code) (State) 96744 KANEOHE HI EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) **TELEPHONE** MAILING ADDRESS (Street) FAX **EMAIL** (City) (State) (Zip Code)

ON		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) NORTH WEST & CANADA CRUISE ASSOCIATION		
100-1111 W. HASTINGS STREET		
(State)	(Zip Code)	
2J3		
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		
DIRECTOR ADMINISTRATION	604-6819515	
MAILING ADDRESS (Street)		
100-1111 W. HASTINGS STREET		
	(Zip Code)	
	OU LOBBY FOR (Do not abbreviate) ADA CRUISE ASSOCIATION SS STREET (State) E 2J3 E FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT DIRECTOR ADMINISTRATION	

PART III DESCRIPTION	OF SUBJECTS UPON WH	ICH YOU EXPECT TO LOBE	3Y
Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operation & Finance	 Intergovernmental Relations, International Affairs 	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	
PART IV CERTIFICATION	ON OF LOBBYIST		
		e is, to the best of my knowle	dge, correct and complete.
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Marlin =	Jaguarde	1	15113
	(Signature of Lobbyist)		(Date)
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PART V AUTHORIZAT	ION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED		
GREG WIRTZ		PRESIDENT	
NAME OF ORGANIZATION (if a	applicable)		TELEPHONE
NORTH WEST & CANADA CRUISE ASSOCIATION 604-681-9515		004-681-9515	
MAILING ADDRESS (Street)		FAX 604-681 -4 364	
		EMAIL	
(City)	(State)		(Zip Code)
VANCOUVER,BC V6E	213		
V/114000 VEIX,DC VOE	200		
I hereby authorize the	above - named person to er	ngage in lobbying activities on	behalf of the undersigned.
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	ine		1/16/2013
(Signature of A	uthorizing Officer or Person Repres	sented)	(Date)

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